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TO: Name: Ismael Negron, Examiner

Address: U.S. Patent & Trademark Office

Fax # 703-746-4764

Date: September 17, 2003

Time:

FROM: Name: Pamela J. Hogan, Intellectual Property Assistant

NUMBER OF PAGES (including cover sheet): 34

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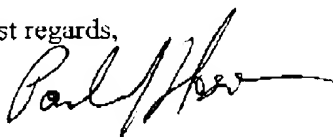
☐ OTHER (See Remarks)

RE: U.S. Patent Application 09/865,833; filed 05/25/2001
For: RETROFIT RECESSED FLUORESCENT STRIP AND METHOD
Atty. Dkt. No. ZK522-00008

Dear Examiner Negron:

Per your request, following this cover sheet is our response to the June 5, 2002 Office Action, along with the CERTIFICATE OF FACSIMILE TRANSMISSION dated August 29, 2002. I added an updated credit card form that reflects the fee increase. Please expedite. Thank you for your assistance in locating this file.

Best regards,



PTO/SB/21 (09-00)

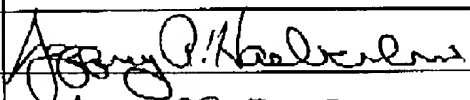
Approved for use through 10/31/2002. OMB 0651-0031

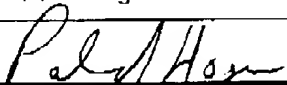
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<h1>TRANSMITTAL FORM</h1> <p>(to be used for all correspondence after initial filing)</p>	Application Number	09/865,833	
	Filing Date	05/25/2001	
	First Named Inventor	Plunk, Carlton	
	Group Art Unit	2875	
	Examiner Name	Negron, Ismael	
Total Number of Pages in This Submission	32	Attorney Docket Number	ZK522/00008

ENCLOSURES (check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	<input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Fee determination Revised Declaration
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT	
Firm or Individual name	Jeffrey A. Haeberlin, Reg. No. 40,630
Signature	
Date	AUG. 29, 2002

CERTIFICATE OF MAILING FAKED			
I hereby certify that this correspondence is being deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, Washington, DC 20231 on this date: 8-29-2002			
Typed or printed name	Pamela J. Hogan		
Signature		Date	8-29-2002

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PTO/SB/17 (01-03)

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**FEE TRANSMITTAL
for FY 2003**

Effective 01/01/2003. Patent fees are subject to annual revision.

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 84.00)

Complete if Known

Application Number	09/865,833
Filing Date	05/25/2001
First Named Inventor	Plunk, Carlton
Examiner Name	Negron, Ismael
Art Unit	2875
Attorney Docket No.	ZK522/00008

METHOD OF PAYMENT (check all that apply)☐ Check ☒ Credit card ☐ Money Order ☐ Other ☐ None☐ Deposit Account:Deposit
Account
Number
Deposit
Account
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The Commissioner is authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Credit any overpayments☐ Charge any additional fee(s) during the pendency of this application☐ Charge fee(s) indicated below, except for the filing fee to the above-identified deposit account.**FEE CALCULATION****1. BASIC FILING FEE**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1001 750	2001 375	Utility filing fee	
1002 330	2002 165	Design filing fee	
1003 520	2003 260	Plant filing fee	
1004 750	2004 375	Reissue filing fee	
1005 180	2005 80	Provisional filing fee	

SUBTOTAL (1) (\$)

2. EXTRA CLAIM FEES FOR UTILITY AND REISSUE

Total Claims	Extra Claims	Fee from below	Fee Paid
Independent	-20** =	1	84
Multiple Dependent	-3** =		

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1202 18	2202 9	Claims in excess of 20	
1201 84	2201 42	Independent claims in excess of 3	
1203 280	2203 140	Multiple dependent claim, if not paid	
1204 84	2204 42	** Reissue independent claims over original patent	
1205 18	2205 9	** Reissue claims in excess of 20 and over original patent	

SUBTOTAL (2) (\$ 84.00)

**or number previously paid. If greater. For Reissues, see above

FEE CALCULATION (continued)**3. ADDITIONAL FEES**

Large Entity Fee Code (\$)	Small Entity Fee Code (\$)	Fee Description	Fee Paid
1051 130	2051 65	Surcharge - late filing fee or oath	
1052 50	2052 25	Surcharge - late provisional filing fee or cover sheet	
1053 130	1053 130	Non-English specification	
1812 2,520	1812 2,520	For filing a request for <i>ex parte</i> reexamination	
1804 920	1804 920*	Requesting publication of SIR prior to Examiner action	
1805 1,840*	1805 1,840*	Requesting publication of SIR after Examiner action	
1251 110	2251 55	Extension for reply within first month	
1252 410	2252 205	Extension for reply within second month	
1253 930	2253 465	Extension for reply within third month	
1254 1,450	2254 725	Extension for reply within fourth month	
1255 1,970	2255 985	Extension for reply within fifth month	
1401 320	2401 160	Notice of Appeal	
1402 320	2402 160	Filing a brief in support of an appeal	
1403 280	2403 140	Request for oral hearing	
1451 1,510	1451 1,510	Petition to institute a public use proceeding	
1452 110	2452 55	Petition to revive - unavoidable	
1453 1,300	2453 650	Petition to revive - unintentional	
1501 1,300	2501 650	Utility issue fee (or reissue)	
1502 470	2502 235	Design issue fee	
1503 630	2503 315	Plant issue fee	
1460 130	1460 130	Petitions to the Commissioner	
1607 50	1807 50	Processing fee under 37 CFR 1.17(q)	
1808 180	1808 180	Submission of Information Disclosure Stmt	
8021 40	8021 40	Recording each patent assignment per property (times number of properties)	
1809 750	2809 375	Filing a submission after final rejection (37 CFR 1.129(a))	
1810 750	2810 375	For each additional invention to be examined (37 CFR 1.129(b))	
1801 750	2801 375	Request for Continued Examination (RCE)	
1802 900	1802 900	Request for expedited examination of a design application	

Other fee (specify)

*Reduced by Basic Filing Fee Paid

SUBTOTAL (3) (\$)

SUBMITTED BY

Name (Print/Type)	Jeffrey A. Haeblerlin	Registration No. (Attorney/Agent)	40,630	Telephone	502-584-1135
Signature	<i>Jeffrey A. Haeblerlin</i>	Date	JUN. 2, 2003		

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This collection of information is required by 37 CFR 1.17 and 1.27. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, Washington, DC 20231.


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PTO-2038 (02-2000)

Approved for use through 01/31/2003 OMB 0651-0043

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Extra claims fee

Patent Fee	Patent Maintenance Fee	Trademark Fee	Other Fee
Application No. 09/865,833	Application No.	Serial No.	IDON Customer No.
Patent No.	Patent No.	Registration No.	
Attorney Docket No. ZK522/00008		Identify or Describe Mark	

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PTO/SB/06 (08-00)

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PATENT APPLICATION FEE DETERMINATION RECORD						Application or Docket Number ZK522-00008	
CLAIMS AS FILED - PART I						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)		(Column 4)	
FOR	NUMBER FILED	NUMBER EXTRA	RATE	FEE	RATE	FEE	OR
BASIC FEE (37 CFR 1.16(a))				\$ 710		\$ 710	OR
TOTAL CLAIMS (37 CFR 1.16(c))	26	minus 20 = 6	x \$		x \$ 18 =	108	OR
INDEPENDENT CLAIMS (37 CFR 1.16(b))	5	minus 3 = 2	x		x 80 =	160	OR
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))			+		+		OR
			TOTAL		TOTAL	978	OR
<p>* If the difference in column 1 is less than zero, enter "0" in column 2.</p>							
CLAIMS AS AMENDED - PART II						SMALL ENTITY OR OTHER THAN SMALL ENTITY	
(Column 1)		(Column 2)		(Column 3)		(Column 4)	
AMENDMENT A	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(e))	* 18	Minus ** 20	= 0	x \$		x \$ 1 =	0
Independent (37 CFR 1.16(b))	* 6	Minus *** 5	= 1	x		x 84 =	84
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+		+		OR
			TOTAL		TOTAL	84	OR
(Column 1)		(Column 2)		(Column 3)		(Column 4)	
AMENDMENT B	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(e))	*	Minus **	=	x \$		x \$	
Independent (37 CFR 1.16(b))	*	Minus ***	=	x		x	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+		+		OR
			TOTAL		TOTAL		OR
(Column 1)		(Column 2)		(Column 3)		(Column 4)	
AMENDMENT C	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDITIONAL FEE	RATE	ADDITIONAL FEE
Total (37 CFR 1.16(e))	*	Minus **	=	x \$		x \$	
Independent (37 CFR 1.16(b))	*	Minus ***	=	x		x	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))			+		+		OR
			TOTAL		TOTAL		OR

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
 ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
 *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
 The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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